

Montana Department of Agriculture – Organic Certification Program

Organic Handling System Plan Update Year: _____

APPLICANT(S)		
BUSINESS NAME (IF DIFFERENT)		
MAILING ADDRESS		
CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER		ALTERNATE PHONE NUMBER
FAX NUMBER		EMAIL ADDRESS
COUNTY (OR COUNTIES) WHERE FACILITY IS (FACILITIES ARE) LOCATED		MANAGER (IF DIFFERENT FROM THE APPLICANT)
ORGANIZATIONAL STRUCTURE SOLE PROPRIETOR <input type="checkbox"/> S-CORPORATION <input type="checkbox"/> LIMITED LIABILITY CORPORATION <input type="checkbox"/> CORPORATION <input type="checkbox"/> NON-PROFIT ORGANIZATION <input type="checkbox"/> OTHER: _____		TAX ID NUMBER OR SOCIAL SECURITY NUMBER

*Please complete this form to **update** your Organic Handling System Plan. Use additional sheets if necessary. **Complete all sections of the form, mark "Not Applicable" where appropriate. Failure to complete [all sections of] the form will delay processing your application for certification. Sign this form.** Attach an Organic Product Profile form for each new product requested for certification and a current schematic product flow chart and facility map for each facility that will handle organic products. This update (short) form may only be used to renew certification. New applicants must submit a complete (long) Organic Handling System Plan form. Please contact the Montana Department of Agriculture Organic Certification Program if you have any questions or to request additional forms.*

SECTION 1: General Information

The National Organic Program (NOP) rule requires applications for certification to include the name(s) of any organic certifying agent(s) to which application has previously been made; the year(s) of application; the outcome of the application(s) submission, including, when available, a copy of any notification of non-compliance or denial of certification issued to the applicant for certification and a description of the actions taken by the applicant to correct the non-compliances noted in the notification of non-compliance, including evidence of such correction.

Please list, in the table below, any current or past certification agencies applied to, the year(s) of application and the outcome of the application(s). Attach any notification(s) of non-compliance or denial of certification received after October 21, 2002. Include a description of your corrective actions and evidence thereof.

Not Applicable (no current or past certifications)

ATTACH ADDITIONAL SHEETS IF NEEDED.

OTHER CERTIFICATION AGENCIES (current and past)	YEAR(S) OF APPLICATION	OUTCOME OF APPLICATION [Certified (C), Denied (D), Suspended (S), Revoked (R) or other (specify)]

If certification was previously suspended or revoked, attach documentation that the suspension is lifted and / or that you are eligible to re-apply for certification.

In what year was your last complete Organic Handling System Plan (long form) submitted?

Select choice of certification.

- ☐ I am requesting NOP certification only.
- ☐ I am requesting NOP certification plus European (EEC) regulations verification (for export products).
- ☐ I am requesting verification of other _____ standards. (indicate standards desired for verification)

What type(s) of organic products are handled (processed, packaged or sold) or planned to be handled?

Provide a complete list of products requested for certification in Section 2: Labeling and Product Composition.

List or attach a list of all non-organic products handled.

Not applicable: ☐
(no non-organic products)

ATTACH ADDITIONAL SHEETS IF NEEDED.

Montana Department of Agriculture – Organic Certification Program

Organic Handling System Plan Update Year: _____

SECTION 1: General Information, *continued*

If you use outside contract vendors, please complete the table below for each vendor.

☐ Not applicable

ATTACH ADDITIONAL SHEETS IF NEEDED.

(no outside vendors used)

CONTRACT VENDOR	ADDRESS	PHONE NUMBER	CERTIFIED BY

When is the best time to contact you?

☐ morning ☐ afternoon ☐ evening

When are you available for the inspection?

☐ morning ☐ afternoon ☐ evening

SECTION 2: Minor Non-Compliance(s)

NOP Rule 205.406(a)(3)

List all items from your most recent Notice of Non-Compliance.

☐ Not Applicable

ATTACH ADDITIONAL SHEETS IF NEEDED.

(no non-compliances)

DESCRIBE THE NON-COMPLIANCE	DESCRIBE HOW YOU ADDRESSED THE NON-COMPLIANCE	HAVE YOU RECEIVED A NOTICE OF RESOLUTION?

SECTION 3: Labeling and Product Composition

NOP Rule 205.105, 205.270, 205.300, 205.305 and 205.307-205.311

Attach an Organic Product Profile form and examples of all labels used for any new products added since your last application for certification..

A. PRODUCTS LABELED AS "100% ORGANIC" (All ingredients are certified organic, including processing aids.)

List all **new** products labeled or planned to be labeled as "100% Organic" and check appropriate boxes.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ No new "100% Organic Products- **go to section 3B.**

NAME OF PRODUCT (as it appears on the label)	BRAND NAME	ORGANIC INGREDIENTS IDENTIFIED ON INFORMATION PANEL (✓)	MDA IDENTIFIED ON LABEL (✓)	MDA SEAL ON LABEL (✓)	USDA SEAL ON LABEL (✓)

Describe any and all changes to your Organic Handling System Plan, in regard to your 100% organic products: No changes: ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

Montana Department of Agriculture – Organic Certification Program

Organic Handling System Plan Update Year: _____

SECTION 3: Labeling and Product Composition, *continued*

B. PRODUCTS LABELED AS "ORGANIC" (at least 95% certified organic ingredients)

List all **new** products labeled or planned to be labeled as "organic" and check appropriate boxes.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ No **new** [95%] "organic" products- **go to section 3C.**

NAME OF PRODUCT (as it appears on the label)	BRAND NAME	ORGANIC INGREDIENTS IDENTIFIED ON INFORMATION PANEL (✓)	MDA IDENTIFIED ON LABEL (✓)	MDA SEAL ON LABEL (✓)	USDA SEAL ON LABEL (✓)

Describe any and all changes to your Organic Handling System Plan, in regard to your "organic" products: No changes: ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

C. PRODUCTS LABELED AS "MADE WITH ORGANIC (SPECIFIED INGREDIENTS OR FOOD GROUPS(S))"

(At least 70% certified organic ingredients; up to three ingredients or food groups can be listed)

List all **new** products labeled or planned to be labeled "Made with organic..." and check appropriate boxes.

ATTACH ADDITIONAL SHEETS IF NEEDED.

☐ No **new** "Made with organic (ingredients or food group(s))" products- **go to section 3D.**

NAME OF PRODUCT (as it appears on the label)	BRAND NAME	LIST EACH INGREDIENT AND / OR FOOD GROUP LISTED ON THE PRINCIPAL DISPLAY PANEL	NUMBER OF INGREDIENTS OR FOOD GROUPS	ORGANIC INGREDIENTS IDENTIFIED ON INFORMATION PANEL (✓)	MDA NAME ON LABEL (✓)	MDA SEAL ON LABEL (✓)

Describe any and all changes to your Organic Handling System Plan, in regard to your "made with organic ..." products:

No Changes: ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

D. PRODUCTS WITH LESS THAN 70% ORGANIC INGREDIENTS (organic ingredients listed only on the information panel)

List all **new** products that contain less than 70% organic ingredients.

☐ None (no **new** less than 70% products)

ATTACH ADDITIONAL SHEETS IF NEEDED.

E. WASTE PRODUCTS

Describe any and all changes to your Organic Handling System Plan, in regard to your waste products:

No Changes ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

Montana Department of Agriculture – Organic Certification Program

Organic Handling System Plan Update Year: _____

Section 3: Labeling and Product Composition, *continued*

F. WATER

Describe any and all changes to your Organic Handling System Plan, in regard to water use and management:

No Changes ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

SECTION 4: Assurance of Organic Integrity

NOP Rule 205.270 and 205.272

A. PRODUCT FLOW

No Changes ☐

If you have made any changes to your facility, equipment or processes, attach an updated product flow diagram or written description.

B. ORGANIC CONTROL POINTS

Describe any and all changes to your Organic Handling System Plan, in regard to organic control points:

No Changes ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

C. MONITORING

Describe any and all changes to your Organic Handling System Plan, in regard to monitoring:

No Changes ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

D. EQUIPMENT

No **new** equipment ☐

*List any **new** equipment used in processing.*

ATTACH ADDITIONAL SHEETS IF NEEDED.

EQUIPMENT NAME	LIST TYPE(S) OF PRODUCT(S) EQUIPMENT IS USED WITH	CAPACITY	IS EQUIPMENT CLEANED PRIOR TO ORGANIC HANDLING (✓)	IS CLEANING DOCUMENTED (✓)	IS EQUIPMENT PURGED PRIOR TO ORGANIC HANDLING (✓)
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. SANITATION

*Attach MSDS and / or label information for **new** cleaning and sanitizing products, if applicable.*

Describe any and all changes to your Organic Handling System Plan, in regard to sanitation:

No Changes ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

F. PACKAGING

Describe any and all changes to your Organic Handling System Plan, in regard to packaging:

No Changes ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

Montana Department of Agriculture – Organic Certification Program
Organic Handling System Plan Update Year: _____

SECTION 4: Assurance of Organic Integrity, *continued*

G. STORAGE

Describe any and all changes to your Organic Handling System Plan, in regard to storage:

No Changes ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

If there is any **new off-site storage, give name, address, phone number, contact person and type of products stored off-site:*

ATTACH ADDITIONAL SHEETS IF NEEDED.

H. TRANSPORTATION OF ORGANIC PRODUCTS

Describe any and all changes to your Organic Handling System Plan, in regard to transportation of organic products:

No Changes ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

SECTION 5: Pest Management

NOP Rule 205.271

*If you have changed your pest management program since your last application for certification, attach a new **facility map, showing the location of traps and monitors**, and **MSDS and / or label information for all substances used for pest control**. These must also be available for inspection.*

No Changes ☐

Rate the effectiveness of your pest management program: excellent satisfactory needs improvement

A. MANAGEMENT AND MONITORING

Describe any and all changes to your Organic Handling System Plan, in regard to pest management and monitoring:

No Changes ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

B. PRACTICES

Describe any and all changes to your Organic Handling System Plan, in regard to pest management practices:

No Changes ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

C. WASTE MANAGEMENT

Describe any and all changes to your Organic Handling System Plan, in regard to waste management:

No Changes ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

D. PESTICIDES

Describe any and all changes to your Organic Handling System Plan, in regard to pesticide use:

No Changes ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

Montana Department of Agriculture – Organic Certification Program

Organic Handling System Plan Update Year: _____

SECTION 5: Pest Management, *continued*

List all pesticides used for the last 12 months (include both allowed and prohibited products):

☐ Not Applicable
(no pesticides used)

ATTACH ADDITIONAL SHEETS IF NEEDED.

SUBSTANCE	BRAND NAME	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	TARGET PEST(S)	LOCATION(S) WHERE USED	METHOD OF APPLICATION	DATE OF LAST APPLICATION

Are there any pesticides intended for use that are not listed above?

☐ Yes ☐ No

If yes, list:

ATTACH ADDITIONAL SHEETS IF NEEDED.

SUBSTANCE	BRAND NAME	STATUS: APPROVED (A) RESTRICTED (R) PROHIBITED (P)	TARGET PEST(S)	LOCATION(S) WHERE USED	METHOD OF APPLICATION	DATE OF LAST APPLICATION

If you use or plan to use restricted (R) substances for pest control, how do you comply with the "annotation"?

☐ **Not applicable** (no restricted substances used or planned for use)

ATTACH ADDITIONAL SHEETS IF NEEDED.

SECTION 6: Record Keeping

NOP Rule 205.103

Describe any and all changes to your Organic Handling System Plan, in regard to record keeping:

No Changes ☐

ATTACH ADDITIONAL SHEETS IF NEEDED.

Please have all records available for inspection.

Montana Department of Agriculture – Organic Certification Program
Organic Handling System Plan Update Year: _____

SECTION 7: Affirmation

NOP Rule 205.100, 205.400 and 205.401

I affirm that all statements made in this application are true and correct. I agree to comply with the Organic Foods Production Act of 1990, National Organic Program (NOP) Rules and Regulations and all other program rules as provided with the application. I understand that the facility may be subject to unannounced inspection and that organic products may be sampled and tested for residues at any time. I understand that acceptance of this form in no way implies granting of certification by the Montana Department of Agriculture Organic Certification Program. I agree to provide further information as required by the Montana Department of Agriculture and / or the USDA-NOP

Signature of Applicant _____

Date of Submission _____

Verification of Changes to the Organic Handling System Plan:

*If you have made any changes to this Organic Handling System Plan after submission to the Montana Department of Agriculture (including changes entered by MDA staff at your direction and those made during your inspection), **please sign and date below** to verify that you agree to the changes, that you agree to follow the Organic Handling System Plan as amended and that you agree to notify the Montana Department of Agriculture of any further changes to the plan. **DO NOT SIGN BELOW UNLESS YOU HAVE MADE CHANGES TO THIS FORM AFTER ITS ORIGINAL SUBMISSION TO THE DEPARTMENT.***

Signature of Applicant: _____ **Date:** _____

I have attached the following additional documents:

- ☐ Notice(s) of non-compliance or denial of certification for other certifying agencies
- ☐ Description of corrective actions taken regarding past non-compliances
- ☐ Notice of eligibility for certification (if previously suspended or revoked)
- ☐ Montana Department of Agriculture Organic Certification Program Handler Application Form

- | | | |
|--|--|---|
| <input type="checkbox"/> product flow chart | <input type="checkbox"/> facility map | <input type="checkbox"/> Organic Product Profiles |
| <input type="checkbox"/> pest management map of traps and monitors | <input type="checkbox"/> water test results, if applicable | <input type="checkbox"/> MSDS, if applicable |
| <input type="checkbox"/> organic product labels | <input type="checkbox"/> labels for minor ingredients | |
| <input type="checkbox"/> labels for other substances used (boiler additives, cleansers, or pesticides) | | |
| <input type="checkbox"/> other (specify): _____ | | |

I have made copies of this form and all supporting documents for my own records.

Submit completed form, fees, and supporting documents to:

Montana Department of Agriculture
Organic Certification Program
P.O. Box 200201
Helena, MT 59620-0201